

Facility:
Date:
Surveyor:

Survey Checklist Home Health Agency

Directions: Fill in or select appropriate data.

Beginning Billing Day of Week:

Reg. #	Description	Additional Information	<input checked="" type="checkbox"/>
	<u>Complete forms:</u> State Disclosure of Ownership and Form CMS-1572	Matches Accountable Care Organization (ACO) information	<input type="checkbox"/>
	Is agency accredited? (Request proof, i.e., letter) <ul style="list-style-type: none"> Check for deemed status 	Enter on Form CMS-1539	<input type="checkbox"/>
	Qualifying service: <hr/> Other programs: <hr/> Psychiatric services provided? If so, what percentage of census? Do you have qualified psychiatric nurses?		<input type="checkbox"/>
	Any changes in: Services provided: _____ Administration: _____ Supervisory RN: _____ Address: _____ Phone: _____ Counties: _____	If so, information sent to office?	<input type="checkbox"/>
	Outcome Based Quality Monitoring/ Outcome Based Quality Indicators (OBQM/OBQI) Reports—worksheet completed prior to survey? _____	Choose home visits and records for review based on worksheet	<input type="checkbox"/>
G101 to G116	Admission information: <ul style="list-style-type: none"> Written financial information Patients' rights Advance directives OASIS Statement of Patient Privacy Rights Informed of Plan Of Care (POC) and disciplines 	Must see documentation regarding whether or not patient has an advance directive and that the agency attempted to obtain copy of Durable Power of Attorney (DPOA) for health decisions	<input type="checkbox"/>

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	List of current patients with Start of Care (SOC) date (discipline, diagnosis, payor source also helpful)	Use to choose additional home visits and records for review	<input type="checkbox"/>
	List of discharged patients for the past 2-3 months		<input type="checkbox"/>
	List of current employees with title and date of hire and MAY need date of first patient contact		<input type="checkbox"/>
G330 to G342	OASIS: Comprehensive assessments completed within required time frames for start of care, resumption of care, significant change in condition, recertification, and discharge	(Test transmission for initial surveys)	<input type="checkbox"/>
	Home visits: <ul style="list-style-type: none"> Schedule of patient home visits for the week (including various treatments and disciplines) Choose visits and request agency to call and obtain verbal permission in advance 		<input type="checkbox"/>
	Record review: <ul style="list-style-type: none"> Copy of most recent Form CMS–485 Copy of current medication profile Copy of HHA assignment sheet (if applicable) 	Request selected records be updated with current filing. Make copies of additional documents related to deficiencies.	<input type="checkbox"/>
G236	Progress notes (per agency policy)	G176, Skilled Nursing G187, Therapist G197, Social work	<input type="checkbox"/>
G145	Physician summary (must be sent at least every 60 days)	Must include all disciplines	<input type="checkbox"/>
G236	Discharge summary (per agency policy)		<input type="checkbox"/>

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G337	RN medication review: SOC, Resumption of Care (ROC), Re-certification, Significant Change In Condition (SCIC), and discharge		<input type="checkbox"/>
G239 to G241	Protection of records (how are records stored and safe-guarded against unauthorized use)		<input type="checkbox"/>
G238 G228 G229 G190	Transfer summary, if patient sent to another facility Supervisory visits: <ul style="list-style-type: none"> Home health aide supervision by RN every two weeks 	If no RN, appropriate therapist may supervise aide (G228)	<input type="checkbox"/>
G141 G203 to G222 G118	<u>Personnel Files:</u> Professional staff—check for: <ul style="list-style-type: none"> RN, LPN, PT, OT, PTA, OTA, Speech Therapist (ST) (current license only) Licensed Certified Social Worker (LCSW) <u>or</u> Diploma for Masters in Social Work (MSW) LBSW <u>or</u> Diploma for social work assistant Home Health Aides—check for: <ul style="list-style-type: none"> Written competency exam (no less than three correct answers per section) Basic/additional skills checklist Annual evaluation In-service hours (12 hours annually) 	Choose a sample from list of personnel to review. Choose employees hired since last survey and some home health aides employed more than one year.	<input type="checkbox"/>
G118	Pharmacy rule (agency policy for possession of prescription drugs)		<input type="checkbox"/>

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G107	Complaint file: Documentation of complaints received, investigated and resolution		<input type="checkbox"/>
G150	CLIA certificate of waiver (if needed)	Expiration date:	<input type="checkbox"/>
G118	Agency license: If license only agency (branch of bordering state), obtain copy of last Medicare survey	Expiration date:	<input type="checkbox"/>
	<i>Extended Survey:</i> May review any of these areas for a PARTIAL EXTENDED survey		<input type="checkbox"/>
G128	Governing body minutes for past year	Reviewed annual evaluation?	<input type="checkbox"/>
G151 to G155	Professional Advisory Board Minutes for past year	Participated in annual evaluation?	<input type="checkbox"/>
G148	Annual budget	G149 – reviewed annually	<input type="checkbox"/>
G133 to G137	Administrator		<input type="checkbox"/>
G138 to G140	Supervisory nurse		<input type="checkbox"/>
G142, G146	Contracts		<input type="checkbox"/>
G320 to G327	Reporting of OASIS information		<input type="checkbox"/>
G242 to G251	Evaluation of the agency's program <ul style="list-style-type: none"> • Annual agency evaluation • Quarterly clinical record review 	Assess for appropriateness, adequacy, effectiveness and efficiency (See G247)	<input type="checkbox"/>
G141	Personnel files (per agency policy for orientation, Tuberculosis (TB), CPR, in-services)		<input type="checkbox"/>
G320 G327	Reporting of OASIS information	Parent/Branch	<input type="checkbox"/>
G310	Confidentiality/release of patient identifiable OASIS information		<input type="checkbox"/>

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G168 to G170	Skilled nursing services	RN, G171-178 LPN, G179 – 183	<input type="checkbox"/>
G184 to G193	Therapy services	PTA/OTA, G190-192	<input type="checkbox"/>
G194 to G201	Medical social services		<input type="checkbox"/>